

Entered - 09-20-01 - sb  
CL 01L0590 - GWENDOLYN BURNS

CLAIM OF: **SUNTRUST BANK**  
2727 Candler Road  
Decatur, Georgia 30034

01-R-1809

For property damages alleged to have been sustained when a city vehicle struck a building on September 12, 2001 at 2727 Candler Road.

Pursuant to Section 2-404 of the City Code, the City Attorney hereby approves and authorizes settlement of the above referenced claim by paying to **SUNTRUST BANK** the sum of **\$650.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for property damages alleged to have been sustained when a city vehicle struck a building on September 12, 2001 at 2727 Candler Road is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED:

SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY: Rosalind Rubens Newell  
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0590

Date: October 30, 2001

Claimant /Victim SUNTRUST BANK  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 2727 Candler Road, Decatur, Georgia 30034  
Subrogation: Claim for Property damage \$ 650.00 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 9/20/01 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 9/12/01 Place: 2727 Candler Road  
Department PARKS, RECREATION & CULTURAL AFFAIRS Division Parks  
Employee involved Collis Veasley Disciplinary Action: 3-day suspension

NATURE OF CLAIM: Claimant sustained property damages when the lift on a city truck accidentally punched a hole in the side of its building while attempting to access the drive-thru area.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 650.00 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager: [Signature] Concur/date 10-31-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

RECEIVED SEP 20 2001

BURNS  
09/20/01  
Jm

COUNCIL OF THE CITY OF ATLANTA  
CLERK OF COUNCIL  
City Hall  
55 Trinity Street, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 9-17-01

Dear Clerk of Council:

ENTERED - 9-20-01 - SB  
01L0590 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ undetermined property and / or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 09/12/01  
(Month / Day / Year)
2. Police called: \_\_\_\_\_ X  
Yes No
3. Location of incident: 2727 Candler Rd Decatur, Ga 30034
4. Name of your insurance company: Lloyds of London Policy No. QINAP0004
5. State what and how incident occurred: Collis Veasley (City of Atlanta Driver) was going thru the Drive-In at SunTrust and had left the lift on the back of the truck up. The lift punched a hole in the stucco of the building.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your Vehicle: 12/E  
(Make) (Year) (Tag number) (Driver's name)  
City Vehicle: \_\_\_\_\_  
(Make) (City driver's name) (Department/Bureau)
8. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone number)
9. The acknowledgment of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SunTrust Bank  
Lynne M. Boozar  
(Claimant's name)  
2727 Candler Rd  
(Address)  
Decatur, Ga 30034  
(City and State)  
404-244-2272  
(Work telephone) (Home telephone)

(Fax)  
(7) 785-2165 \$650.00